

INTER-REGION TRANSFER LETTER OF AGREEMENT

This agreement is entered into by the Division of Services for People with Disabilities, _____ Region and _____ Region. The agreement is to be in effective from ____/____/200__ to ____/____/200__. This agreement defines fiscal and managerial responsibilities of each region relevant to the relocation of:
(Person's Name) _____, (ID #) _____ from
(City) _____ to (City) _____.

Under this agreement, the sending region will:

1. Provide funding for continuation of services as follows:

Service Code	Eligibility	Kind	Rate	Units	Total Dollars	Total State Dollars	Transfer Date
Total State Dollars Transferred							

Under this agreement, the referring region agrees to:

Have the **referring** support coordinator, _____:
(name of support coordinator)

- a. maintain support coordination services through (Date) ____/____/200__,
- b. coordinate with the receiving region to review the person's progress,
- c. update the persons file (current as of the transfer date), transfer the case file, and relinquish all responsibility for support coordination, and
- d. other (specify):

Under this agreement, the receiving region agrees to:

Have the **receiving** support coordinator, _____:
(name of support coordinator)

- a. provide case management beginning (Date) ____/____/200__,
- b. initiate negotiations with the sending region for any needed changes in services and related fiscal support, and
- c. other (specify):

_____.

We the undersigned agree to the conditions and terms of this agreement.

Referring Region Director ____/____/200__
Date

Receiving Region Director ____/____/200__
Date

Referring Region Finance:

Initials: _____ Date: _____

Sending Region Finance:

Initials: _____ Date: _____

Division Financial Officer:

Initials: _____ Date: _____